

COMMUNITY CORRECTIONS/PRETRIAL SERVICES TRANSFER CASE MONTHLY PROGRESS REPORT

☐ Final Closure Report

CASE TRANSFERRED FROM _____ ON _____ REPORT FOR MONTH

OFFENDER/DEFENDANT NAME _____ SSN _____

ADDRESS _____ PHONE _____

EMPLOYER _____ TOTAL MONTHLY INCOME _____

PAID THIS MONTH: RESTITUTION \$ _____ 0.00 _____ COURT COSTS \$ _____ 0.00 _____ FINES \$ _____ 0.00 _____

C.S.W. HOURS ASSIGNED _____ 0 _____ COMPLETED THIS MONTH _____ 0 _____ BALANCE _____ 0 _____

COMMUNITY SERVICE WORKSITE _____ N/A _____

SUPERVISION: DATES AND TYPES OF CONTACTS

MISSED APPOINTMENTS _____

INACTIVE SUPERVISION: FROM _____ TO _____

REASON INACTIVE _____

DRUG/ALCOHOL SCREENS: DATES AND RESULTS

COMMENTS

Agency Representative

Date